KANSAS MEDICAL JOURNAL.

VOL. VII. TOPEKA, KANSAS, SATURDAY, OCTOBER 19, 1895. No. 42.

ORIGINAL ARTICLE.

Case of Lupus Demanding Amputation of Arm and Thigh.

BY J. C. McCLINTOCK, M.D., TOPEKA.

Lupus is now well known to be tuberculosis of the skin—it may exist alone or be accompanied by tuberculosis of other parts of the body. Absorption may occur and produce tuberculosis of the lymph channels and glands, or even a generalized tuberculosis.

The origin of lupus is by the tubercle bacillus finding lodgment in a wound of the skin and there developing. As a result of lupus severe deformities occasionally occur from cicatricial contractions; even death is not uncommon from secondary involvement of internal organs, usually of the lungs.

The treatment of lupus is by vigorous constitutional measures, with particular attention to the diet, but the all-important treatment is local, and while the disease is local, the constitutional treatment can, though it should not be ignored. The surgeon should treat the local disease in a thorough manner by the actual cautery after scraping with a Volkmans spoon, or better, by free and wide excision of the diseased area. The wound should then be closed, or if this is impossible, the Tursch skin grafts should be applied. In making the excision the surgeon should bear in mind that he is very likely to reinfect his wound, and do his operation in such a manner as to avoid such an accident by having the surrounding skin absolutely clean, by removing the diseased portion in one piece, if possible, by changing his instruments and cleansing his own hands before completing the closure of the wound. The case which I present tonight illustrates the extreme degree which is sometimes reached by the disease, involving as it did, one foot and the entire circumference of the leg to the knee and the invasion of the lymph channels and the cellular tissue of the thigh to its upper third, and simultaneously developing in the hand, completely destroying it through its entire thickness, causing complete perforation of the hand and opening the interphalangeal articulations, with destruction of some of the muscles and tendons and extensive contractions of others, producing so severe a deformity as to cause an almost complete loss of any resemblance to a human hand. This was accompanied by extension of the disease to the elbow, and in the subcutaneous tissue almost to the shoulder. The disease began five years ago as a small blister on the ankle, and was followed by another in a couple of days on the wrist; these spread very slowly during the first year; at the end of three years I first saw the case in consultation with Dr. S. G. Stewart of this city at that time; the disease did not involve more than two-thirds of the circumference of the leg or arm, we advised and strongly urged excision of the diseased area, but were dismissed and some one employed who would prescribe ointments and plasters of various kinds. When we again saw the case two months ago the disease was found as above described, and no method short of a double amputation could be devised. The patient, now badly wasted from the prolonged sepsis, gladly accepted the poor chance we could offer him from so severe an operation.

Under miserable surroundings the patient stood the double amputation remarkably well, and a complete recovery from the am-

putation wounds followed, with no sign of the disease in the stump or in any part of the body; his general condition has improved until he is in better condition than at any time in the past four years.

Sarcoma of Ovary.

BY A. H. CORDIER, M.D., KANSAS CITY, MO.
Lecturer on Abdominal Surgery, Kansas City Medical College.

The application of the term sarcoma (flesh), merely implies that this form of growth macroscopically resembles flesh, and some writers have even classified these growths as belonging solely to the tumors composed of muscular fibers, but the modern pathologist tells us that these growths are ubiquitous—that they occur in any locality where connective tissue is found. The occurrence of an ovarian sarcoma, though rare, is no exception to this rule. Like sarcomata in other localities it may grow here in a patient of any age. The ovarian stroma normally has an abundance of connective tissue containing spindle-shaped cells. These growths are of rapid development, and usually return after removal, and from this tendency are malignant. There seems to be no limit to the size these growths may attain when of ovarian origin.

A marked disposition exists in these growths of the ovaries to become attached to surrounding organs and structures, making their entire removal extremely problematical and dangerous.

I have seen and operated on two such growths. In one case the disease had affected both ovaries. (See illustrations of the specimen on page 396 of "The American Text-Book of Gynecology. This beautiful and rare specimen I have in my possession at this time.

These growths should be removed as early as discovered, and before attachments to surrounding organs precludes the probability of a clean extirpation.

I believe the disposition of ovarian sarcomata to become adherent to surrounding tissue is due to the capillary ruptures taking place over the surface of the growth as a result of the rapid development of the tumor. While they are truly malignant in that they return and give rise to metastasis, they are not as likely to do so as the truly cancerous growths.

I am firmly of the opinion that in some cases of early removal cures are effected. Sarcomata, growing as they seem to from immature or fetal connective tissue cells, would naturally be expected to be found in localities where fetal structures and remains are to be found, as in the ovaries, dermoids, etc. Ovarian sarcoma develops here primarily, and is usually of the spindle-celled variety.

Solid tumors of the ovary are of rare occurrence, the greater number by far being fibroma and sarcoma. Both of my cases were of the round-celled or most vicious form of these growths. My cases were both married women between thirty and forty years of age. A sarcoma of the ovary may be of slow growth, extending over a period of years, and then suddenly take on rapid development, undergo cystic changes, and become more malignant. Pain is not a necessary accompaniment, any more than that produced by the rapid growth of any other neoplasm in this locality. It is an established fact that sarcoma is disseminated through the venous channels, metastasis occurring in the line of blood vessels from the growth, especially in the first locality where the blood passes through a capillary circulation. Hence, the ovarian veins emptying into the renal and inferior vena cava, the first favorable site for a deposit would be in the lungs, while if from adhesions and anastomosis with the mesenteric venous system, the blood would first pass through the liver, and here we would also find metastic nodules.

The removal of an ovarian sarcoma seems to offer the greatest prospect of a permanent cure where it is done early, as the ovaries are the most isolated organs in the body. A most deceptive semi-fluctuating feel exists in the rapidly growing sarco-

mata. The fluid wave, seemingly, is as distinct as that in a moderately tense cystic ovarian growth. It must be remembered that in most instances there is more or less free fluid in the peritoneum surrounding the growth, but with due care in examining the case, this source of possible error may be detected. When we recall the fact that a fibro-sarcoma is a sarcomatous degeneration of a fibroma (a benign growth) we at once see the necessity of an early removal of any or all tumors of the ovaries, regardless of size or histological character.

Remove the benign growths before this transformation is begun or completed, before the development of a sarcomatosis, and before the engrafting of malignant cells onto neighboring organs and structures essential to life. The more experience I have in abdominal work the more firmly am I convinced of the correctness of the position I have held in regard to the life saving of women by early and completed surgery.

The remarks regarding ovarian sarcoma are equally applicable to that disease of the ovary known as papilloma.

It is not rare to find both ovaries affected in cases of small, round-celled sarcoma, the same being true of this species of sarcoma in the testis and retina.

Sarcoma of the ovaries is about four times more frequent in girls under fifteen years than in adult women. Both ovaries are not so likely to be affected by sarcomata where the woman is advanced in years when the disease first begins.

Case—Sarcoma of right ovary. Recovery from operation October 5, 1894.

Mrs. B., of Arkansas; married six years; no children, and no miscarriages. Menstrual history negative up to six months ago, when she had a few periods with only two weeks interval.

In December, 1893, she first noticed an enlargement in region of right ovary, free from pain at that time. This enlargement grew rapidly and made quick inroads into her general health.

For the last three months she has been having more or less pain in the growth, and its increase in size has been very rapid, and her general health has suffered proportionately. An examination reveals an enlargement of the abdomen extending two inches above the umbilicus, and completely filling the right inguinal and lumbar regions, and extending far to the left of the median line. Rather irregular in outline on inspection. Painless to touch, hard and slightly nodular, but feeling very much like a tense multilocular cyst, having a semi-fluctuating feel about it, more or less movable from side to side. No glandular enlargement. Vaginal examination shows a small uterus pushed to left, and posterior to the growth. Free fluid surrounding the growth. Taking the history of a rapid growing (ten months) tumor in a young woman, and the marked constitutional effect so early manifested, the presence of free fluid and nodular character of the growth I was led to believe I had to deal with a sarcoma of the ovary. The correctness of my diagnosis was verified at the operation.

Operation October 5, 1894, Dr. H. E. Pearse assisting.

A long median incision was made. A bladder attachment to the growth had pulled that viscus up to the navel. This was separated, and the bladder permitted to drop down. An omental adhesion was ligated and cut. The surface from which the bladder was dissected bled very profusely, in fact to such an extent that it was necessary to grasp the base of the pedicle (broad ligament, with large tissue forceps, and cut the enormous growth away, and form the pedicle afterwards. This hastened the operation, and at the same time controlled the bleeding from the tumor. A large quantity of grumous material escaped from the peritoneum when the incision was made. The cavity was cleansed thoroughly. The appendix vermiformis was adherent to the growth, and was ligated and removed. The bladder surface continued to bleed, and necessitated the packing of this locality with iodoform gauze. This gauze was removed on the third day. Drainage tube to the bottom of the pelvis. Wound closed with silkworm gut sutures.

Patient stood the operation well, and left the table with a pulse of 76. Operation lasted thirty minutes. Drainage tube and gauze drained large quantities of fluid bloodstained for days after the operation.

Patient made a nice recovery.

October 5, 1895—A letter from my patient to-day says: "I am perfectly well and able to do my own work."

Kansas Medical Journal.

PUBLISHED WEEKLY

BY THE MEDICAL PUBLISHING COMPANY.

SUBSCRIPTION PRICE, INCLUDING POSTAGE:

Per annum, in advance..... $1 00
Single copies..... 15 cents

Subscription may begin at any time. The safest mode of remittance is by bank check or postal money order drawn to the order of the undersigned. When neither is accessible, remittances may be made at the risk of the publishers, by forwarding in Registered Letter. Address

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631 Kansas Avenue.

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Topeka, Kansas, Saturday, Oct. 19, 1895.

A New Theory of Asthma.

Dr. C. H. Bernard recently advanced a new theory of asthma. He believes it to be a disturbance of co-ordinate nerve action by which the interchange of gases between the circulation and the air in the lungs is carried on. Any disturbance of this action causing deficient oxidation, an accumulation of carbonic acid in the blood and resulting dyspnœa. This strikes us as being pretty nearly a correct theory, and yet leave several points to be explained. There can be no hesitancy in saying that such a condition will produce dyspnœa. Asthma is undoubtedly dyspnœa, but on the other hand, dyspnœa is not always asthma. There must be in addition to the points suggested by the author some other factor which produces the peculiar condition of asthma.

The generally accepted theory, that asthma is due to a spasmodic contraction of the small bronchial tubes is hardly a tenable one, when viewed in connection with established facts. As the relative proportion of tidal air to air remaining in the lung during ordinary respiration is usually estimated at 1 to 10, the contraction of the lung spaces during expiration only equals one-tenth the average capacity. A spasmodic contraction of the bronchial tubes must be due to some stimulus to the circular muscular fibers, and since a large part of the lung is involved in an asthmatic attack a considerable area of the tubular membrane must be involved, and consequently the capacity being diminished, the amount of air in the lung must be qroportionately lessened. We find that this is not only *not* the case, but that the lung is more greatly distended with air.

Now, suppose a condition existing in which, instead of there being a spasmodic contraction of the bronchioles there is diminished contractile power the air tubes would then remain distended at the end of inspiration and an extra effort on inspiration would be required, as would also an extra effort at expiration. There would be dyspnœa, of course. The condition would be one of dilatation instead of contraction of the bronchioles, and there would be an increased amount of air in the lung as we find in asthma. There would be forced inspiration because of the resistance offered by the greatly distended air sacs and the chest walls. Expiration would be prolonged and incomplete because of the loss of contractile power. That this is really the condition existing in asthma is further evidenced by the close relation this disease bears to emphysema. Without straining the imagination we may consider emphysema as simply the chronic form of the condition we find in asthma, and it is very frequently a result of the latter disease. Emphysema is recognized as a dilatation of the air cells and bronchioles, and it is a fair argument to say that asthma which not only is a frequent cause, but also

a frequent accompaniment is dependent upon the same conditions.

Asthma is a frequent complication of cardiac disease, but not, we believe, because such disease increases the tendency to spasmodic muscular action. There is dyspnœa in cardiac disease because of suboxidation of the blood, and this is doubtless because of the disturbance of co-ordinate action between the blood and air currents, as suggested by Dr. Bernard, but this disturbance of co-ordination is caused by the effect of the cardiac lesion upon the pulmonary circulation. The larger bronchial tubes receive their blood supply from the bronchial arteries, but the bronchioles and air cells depend upon the capillaries of the pulmonary vessels for nutrition. A disturbance, then, of the co-ordinate action between the blood current and the air in the vessels producing suboxidation not only causes dyspnœa, but also interferes with the nutrition of the walls of the air cells and bronchioles, and an atonic condition of the circular muscular fibers of the latter results. This is the factor in the production of the condition which marks an attack of asthma. From this atonic condition, possibly paresis, the muscular fibers of the smaller bronchial tubes are unable to contract upon the air within the lung, and from the forced inspiration these spaces become more distended. There is dilatation and the entrance of air is hindered, not by contracted bronchioles, but by the resistance of the air in the distended air spaces. From over distention and from the weakening of the muscular fibers the normal elasticity of the lung is lost and expiration depends almost entirely upon the action of the diaphragm, and for this reason the expiration is difficult and prolonged.

A disturbance of the circulation through the lungs, resulting in suboxidation, dyspnœa and deficient nutrition may produce an attack of asthma. The same condition may be dependent upon suboxidation from other causes. A bronchitis with partial obstruction in the larger tubes may result in asthmatic attacks from deficient oxidation exaggerated respiration and over distention of the air spaces.

The point we wish distinctly made is that the difficulty in expelling air from the lungs is not from contraction, but from loss of contractility.

Streets of Gold.

It is said that the sweepings of the city of Melbourne, when collected and smelted, yield enough to pay for all the repairing of the streets. It is a veritable New Jerusalem as far as streets go. Our western cities cannot compete with Melbourne or the New Jerusalem for golden streets, but there is an intrinsic value in the filth and garbage from the streets of any city. Some cities make in the disposal of their garbage a surplus of thousands of dollars over and above the expense of the necessary plant.

The value of fertilizing material is not fully appreciated in the west on account of the comparative cheapness of land. Could it be demonstrated that, by fertilizing, the small farms and truck patches adjacent to cities could be made to produce double what they do now, the disposal of city garbage would be an easy matter. Our streets are cleaned at a continuous and heavy expense, and much valuable material is dumped into the river.

By proper conversion all of this material can be used to good advantage and will yield a handsome income. Outside of the economical phase of the question there is also its importance to the public health.

Western cities, as a rule, have no systems of garbage disposal, and much of their unhealthfulness may be ascribed to this fact. The accumulation of such matter in the streets and alleys and the subsequent decay makes a most fertile soil for the cultivation of certain kinds of disease germs. Wholesome water, a perfect sewage system and clean streets insure an attractive and healthful place to live. It has been a question if the closet filth cannot be disposed of in a more economical way and with greater safety to health than by our present method

of dumping into a sewer. Like the garbage and street sweepings, closet filth can be converted into a valuable featilizer. In some of the large cities of the old world flush closets are no longer used, and the sewer systems are used only for drainage. Dust boxes are provided for closets and for garbage, and at regular intervals these are removed by men employed by the city. This material is then properly prepared and sold for fertilizing material. It is found to be more healthful and more profitable to the city.

Antitoxine.

For the benefit of those who wish to use antitoxine for diphtheria, we republish the following instructions from "Notes on New Remedies:"

Antitoxic Serums.—Diphtheria antitoxic serum (Gibier's), about which more favorable reports have been published than of any other in this country, represents the active antitoxin of the highest obtainable immunizing power, viz.: 1:100,000; in other words, it is a serum of which 1 ccm. will immunize 1ss kilos or 220 pounds body weight. One-half ccm. is therefore sufficient to immunize children, and one ccm. for adults. For regular treatment 5 ccm. are sufficient for a child if the serum is injected promptly on the first day of the appearance of the disease. If treatment is begun later, or on an older person, 10 to 15 ccm. should be injected, in divided doses, during the first 24 hours, and if necessary, followed up on the second day with 10 ccm. more.

This serum will keep in perfect condition for months if kept unopened in a cool and dark place; a fragment of camphor or ½ of 1 per cent. lysol, is added to each vial as antiseptic to prevent deterioration. If a vial is stored for a long time its condition may be judged by its appearance: if clear it is good; if a sediment or turbidity is not readily overcome by shaking the serum should be discarded. The serum is always supplied fresh in 7 ccm. vials at $1.25 per vial, and in 25 ccm. vials at $3 per vial.

The antitoxine of this serum in concentrated powdered form is now also supplied; by adding to the one gramme of powder, in the sterilized vial in which it is furnished, 10 ccm. of sterilized water (distilled water boiled and allowed to cool), and shaking the contents until dissolved, the equivalent is obtained of 15 ccm. Antidiphtheritic serum of 1:100,000 immunizing power, or 1,500 units according to Behring's latest formula.

Directions: Add 10 ccm. sterilized water to the antitoxine in the vial and dissolve, aiding solution by shaking.

For immunizing: Inject ½ to 2 ccm., according to age and weight. It is well, for instance, to give children under two years of age ½ ccm.; from two to ten years, 1 ccm.; over 10 years, 2ccm. The antitoxine is innocuous for all but the diphtheria germ, and hence it is safe and advisable to give a little more, rather than the exact dose.

For treatment: The contents of one vial (1,500 units), or one-half for children, will suffice in incipient cases; for advanced cases from one to two vials per day are requisite, and, on the plan of Roux, Behring and others—that too much of the remedy cannot be given, while too little may risk chances of success— as much as three vials may be advantageously injected on the first day in severe cases.

LAST week we published the results of the use of proto-nuclein in a number of cases of typhoid fever. We would like very much to have some further reports on this subject. The number reported is most too limited for definite conclusions, but the indications are not to be overlooked.

THE Kaw Pharmacal Co. have some samples of Guaiacoline that they would like to send you.

THE Yale chair is the best in the market today, and we have one for sale at a bargain.

The Golden Belt Medical Society.

The Golden Belt Medical Society met for its regular Fall session in the parlors of the Montezuma Hotel in Solomon, Kas., Thursday, October 3, 1895. In the absence of the president, Dr. E. E. Hazlett, Dr. Sheldon moved that Dr. O. F. Searl, of Solomon, act as president protempore. Carried.

On motion of Dr. Felty, the president appointed a committee consisting of Drs. Felty, Neptune and Sheldon to formulate suitable resolutions of the death of Dr. T. N. Gunn, of Chapman.

On motion of Dr. Felty the privilege of the floor was given to visitors.

No further business coming before the society, and the reading of papers being called for, Dr. J. W. Felty, of Abilene, responded with a short paper, followed by a demonstration on "A Unique Method of Treating Fistula in Ano." Discussion followed the reading of this paper, participated in by Drs. Sheldon and Felty.

Next, Dr. J. W. Neptune, of Chapman, read a carefully prepared paper entitled "Purpura," which was discussed by Drs. LeFevre, Sheldon, Brooks and Neptune.

Dr. O. F. Searl, of Solomon, next read a paper under the caption of "Abortion." Discussed by Drs. Sheldon, Hawthorn, Neptune, Fowler, LeFevre and Searl.

Adjourned to meet at the same place at 8 P. M.

Dr. Searl again calling the meeting to order, Dr. W. B. Dewees, of Salina, read a paper, "Preputial Adhesions of the Glans Clitoridis." Discussed by Drs. Sheldon, Harvey, Murphy, Fowler and Dewees.

This was followed by Dr. E. W. Hawthorn, of New Cambria, on "Intestinal Obstruction." Discussion ensued, Drs. Dewees, Fowler, Harvey, Murphy, Sheldon and Hawthorn taking part.

On motion of Drs. LeFevre and Dewees, Drs. Leonard Freeman and J. W. Hawkins, both of Denver, Colo., were, by unanimous acclamation, elected to honorary membership.

After some discussion Abilene was chosen as the place of next meeting, to be held the first Thursday in January, 1896.

Thus ended another very profitable and highly interesting meeting of this society, one in which each present felt himself amply repaid for any sacrifice he had made in order to attend.

Those present were; Drs. Dewees and Harvey, Salina; Fowler, Brookville; Neptune, Chapman; LaFevre and Felty, Abilene; Hawthorn, New Cambria; Brooks, Enterprise; Murphy, Minneapolis; Sheldon, Topeka; and Searl and Mr. Collins, Solomon.

E. B. LAFEVRE, M.D., *Secretary.*

North Kansas Medical Society.

The twelfth semi-annual meeting of the Northern Kansas Medical Society will be held in the court-house at Seneca, Kas., November 7, 1895. The following is the program:

Address, President W. E. Ham, M.D., Beattie.

"Remarks on Refraction and Accommodation," N. Hayes, M.D., Seneca.

"Pruritus Ani," Daniel Morton, M.D., St. Joseph.

"Common Ailments of the Day," E. W. Bullard, M.D., Seneca.

CLINICS.

"Strabismus, Operative," Barton Pitts, M.D., St. Joseph.

"Report of a Case of Triplets," S. Murdock, M.D., Oneida.

"Operative Osteo-Mylitis," H. Humfreville, M.D., Waterville.

Paper (subject not announced), J. F. Binnie, M.D., Kansas City.

"Ventral Hernæ," J. F. Lesh, M.D., Seneca.

"Injuries of the Elbow Joint," H. Reding, M.D., Sabetha.

SAMUEL MURDOCK, JR., M.D., *Secretary.*

W. E. HAM, M.D., *President.*

Topeka Academy of Medicine and Surgery.

The Topeka Academy of Medicine and Surgery met in A. O. U. W. Hall, October 14, at 8 P.M., with Dr. Magee in the chair.

Minutes read and approved.

Members present: Drs. Magee, Sheldon, Stewart, Munn, Adams, Buckmaster, Colcord, Barnes, J. C. McClintock, Storrs, Mitchell. Visitors: C. C. Seabrook and students from the medical college.

Dr. C. C. Seabrook, graduate of the University of Pennsylvania, class '78, made application for membership. Referred to board of censors for next regular meeting.

Dr. S. E. Sheldon read a paper on "Tetanus," followed by discussion.

Dr. Munn: Have had only one case which followed surgical operation. These cases are few and far between.

Dr. Stewart: Cases of tetanus rare and treatment unsatisfactory. Have had two cases with a mortality of 50 per cent. In this case the patient's life seemed due to keeping up nutrition, and contrary to prognosis recovery ensued. Recent therapeutics shows much more accomplished by the use of tetanus antitoxin than by any other procedure. The antitoxin has acted more favorably in tetanus than in any other disease for which it has been prescribed. When used in time it is reported to be antidotal in all cases. The bacilli of tetanus are present everywhere; may be found in rotten wood, decaying vegetation, etc. I remember half a dozen cases which occurred in a small town almost at the same time, all patients subject to the same environments. The tetanus toxine is more virulent at times than at others.

Dr. C. C. Seabrook: Have had some experience with tetanus having seen some sixteen cases. All occurred after penetrating wounds of the foot by means of nails or spikes upon the plantar surface. Tetanus supervened in three days in all the cases, and the mortality was 100 per cent. Opium, chloral, and all other known remedies failed. Some years ago a physician in Pennsylvania used rattlesnake virus as an antidote, giving a few drops hypodermatically with relief of symptoms and later a few drops of the solution of the virus with complete cessation of spasms.

It is notable that during the erection of the World's Fair buildings, at Chicago, there were 500 cases of penetrating wounds without a case of tetanus. All of these wounds were treated by cutting off a flap and an injection of carbolic acid given.

Dr. Magee: I ask simply for information. Is there any credence given to the theory that tetanus is due to irritation of the peripheral nerves instead of bacilli? If toxine or bacilli is not found in circulation why free the emunctories? and why does excision of nerve at a point removed give relief?

Dr. McClintock: Have seen two cases in consultation, mortality 100 per cent.

Dr. Sheldon: Only a limited number of bacilli found in blood or tissue remote from point of injection.

In regard to injury of peripheral nerves with reference to producing tetanic spasms independent of bacilli or ptomaines or toxines, if accepted, would expect to have tetanic spasms following any surgical operation, no matter how aseptically performed. As it is, the small wounds far removed from large nerve supply as frequently give rise to the spasms.

Dr. Agnes Wallace had an attack of tetanus some years ago from a wound in foot received from stepping upon a knitting needle which had been used to loosen the earth around plants in the garden. This attack came on in seven or eight days with typical symptoms. It is not the extent of wound and must be due to toxine or ptomaine.

Dr. Magee: Exsection of a nerve has allayed spasms.

Report of a case of diphtheria by Dr. S. G. Stewart.

Report received and discussion followed.

Dr. Storrs: I think Dr. Stewart reports symptoms one day early. My brother did not complain of throat irritation until Wednesday, if I remember correctly.

He saw a case of diphtheria the Sunday morning previous at 2 A. M., when feeling very tired and weary.

Dr. Munn: I believe, from the study of the literature in the medical journals, that the antitoxine treatment is a fad and that it is the concensus of opinion that effects are only obtained from early injections also that the injections are likely to produce albuminuria. Have seen experiments in which the antitoxine produced cloudy swelling.

Have recently had in charge 22 to 23 cases. I presume that there is no doubt that those that died or had paralysis or albuminuria were diphtheritic; some of the others may not have been.

Nineteen cases were seen from the inception, the ages 6, 8, 9 and 10 years. In most of these the children were tractable and parents reasonable.

Nineteen cases recoverd. Treatment was given on general principles—peroxide of hydrogen and hot water sponges, free catharsis, milk; stimulation, whisky. The four cases writer noted all died.

Used to use subsulphate of iron and carbolic acid; 50 per cent. died. Now depend upon cleanliness and nourishment.

Feeding, maybe milk, or rare beefsteak, if child prefers, or any nutritious diet.

Dr. Mitchell: In this case the disease was probably contracted Sunday morning at 2 A. M., if no opportunity later. The stage of inflammation was longer than usual. Children do not generally complain until deposit in throat. The commencement of the disease, not always the same, may have diphtheria without development of the exudation.

Have used the antitoxin in one case, two injections of the No. 3; glad to use anything. Thought the injection depressing; perhaps too late in the case. Would ask Dr. Stewart what was his experience in this respect. Would not discourage any plan of treatment; think that the testing of new remedies that give any prospect of success worthy of emulation.

Would emphasize cleanliness, palliative and supporting treatment. Have used bichloride of mercury as a constitutional, but without much satisfaction.

Dr. J. C. McClintock: Saw the case of Dr. Willis Storrs from the beginning for a week. Examination of the throat the first day showed great congestion and inflammation of right tonsil and the next day an increase of pathological condition seemed to be an ordinary tonsilitis.

Dr. W. Storrs insisted upon having it lanced contrary to my judgment, but upon Friday prevailed and the following day a typical diphtheric membrane appeared on the tonsil and extending to the fauces and nasal cavities. The effect of the first injection of antitoxin seemed to be followed by good results, also the two later ones.

Dr. Stewart: Cleanliness is to be commended. Concerning the antitoxin, I am not here to defend it, neither do I believe it a fad, but one link in the great chain of discoveries being made.

Vaccine is a typical antitoxin, by which immunity is conferred for a certain length of time. The discoveries of Pasteur with relation to antitoxines which have secured immunity from other diseases, a careful work of evolution.

The poison of diphtheria has proved fatal in 42 to 50 per cent. of cases in the human being. In the guinea pig all die; by using attenuated portions of the poison, not enough to kill, the cell substance becomes strengthened by resistance, so that a larger portion may be given, with immunity conferred for a time.

Six years ago the children of one family had diphtheria, one child intubated. Two years later, in same family, intubated again, and two years later again; great depression, the immunity short-lived, some families not immunized.

Albumen found in almost all cases of diphtheria means a parenchymatous degeneration. May expect to find it. Had a patient, a boy 9 years of age, in which the urine was found to give 50 per cent. albumin by heat and nitric acid tests. He was prostrated restless, pulse quick, compressible. Gave antitoxin injection; next day pulse better and no albumin in the urine.

Another case, boy prostrated, could hardly

breathe, exudate covering tonsils, fauces and nasal cavities. Injected antitoxin; next day child better, and an examination of urine showed very little albumin and the following day none at all. In two other cases the same result obtained. There was no depression. Must be given in time, for every twelve hours lost the chance to do anything successfully is diminished. There is a point from which we cannot recall.

Of 109 cases reported without antitoxin being given, there were 56 deaths, while in 109 other cases in which the antitoxin was given only 7 or 8 deaths.

Dr. Magee: Is there delirium in these cases?

Dr. Stewart: The boy that had diphtheria for the first time was quite delirious, but this symptom is not common until towards end of life.

Dr. Munn: Is it not a fact that albumin may exist in the urine one day and not the next if no epithelial casts are found?

Dr. Stewart: There is no physiological albuminuria. Albumin means a parenchymatous degeneration.

Dr. Mitchell: Is it not the rule that patients do not complain of pain or high temperature?

Dr. Stewart: Regard a rise of temperature as evidence of ability to overcome the poison.

Dr. Mitchell: It may be a question whether, in the beginning, Dr. Storrs had diphtheria or tonsilitis.

Dr. Stewart: Tonsilar secretions do not generally spread. Have an exudate in follicular tonsilitis which may resemble diphtheria upon superficial inspection. Does not leave a bleeding surface when removed. Think Dr. Storrs had diphtheria from the beginning. Whenever involvement of lymphatics, it means septic infection.

Society adjourned to meet the second Monday evening in November.

IDA C. BARNES, M.D., *Secretary.*

WANTED—To exchange Reference Hand Book, as good as new, for Oculist's Trial Case in good condition. Address this office.

Suspensio Uteri.

Abstract of a paper read in the Section of Obstetrics and and Diseases of Women, by Howard A. Kelly, M.D., Baltimore, Md.

Dr. Kelly refused to accept the name of ventrofixation or hysteropexy. The uterus is not fixed. He prefers the name of suspensio-uteri as more accurately describing the condition. In the past five years he has performed this operatione 170 times and 37 times in the past year. The indications for the operation are extreme local discomfort associated with uterine displacements, and neurasthenia, with backache and headache. In the first class of cases, with local symptoms but no general symptoms, the operation is plain. In the last series of cases it is difficult to say just when the operation is indicated. The most brilliant cures, however, have been in this class of cases. He is willing to take the chances and fail in four cases in order to get one good cure. Of the 132 cases reported, 90 were married; and of these 78 per cent. had borne children and 14 of them had had miscarriages. Not one died or showed bad symptoms. Transient mania has occurred in three cases, pneumonia in one case and stitch-abscess in three cases. Cystitis and frequent urination had occurred in four cases only, and had been but transient.

The operation is simple. The pelvis should be slightly elevated, and a small incision made just above the symphysis pubis about one and a half or two inches in length. The peritoneum is incised and drawn out with forceps. Two fingers are inserted to the fundus, and the uterus hooked up. Adhesions are stripped off with the fingers or cut with scissors or knife, and the uterus anteflexed. The abdominal wall is lifted on the left side until the peritoneum can be seen for one inch away from the line of the incision. A needle is then carried through the peritoneum, but not entering the muscular tissue, and then through the posterior uterine wall just below the fundus, taking in about one-fourth of an inch in length and extending about one-eighth of an inch in

depth. The suture is then carried to the opposite side of the abdominal wall. Another stitch is passed just above the first, near the incision, and inserted into the uterus below the other, and then carried back to the opposite side of the abdominal wall. This increases the anteflexion. A third suture may be inserted. The peritoneum is then closed by a continuous suture; then the fascia is closed and then the skin incision. The distance between the uterus and anterior abdominal wall is about one or one and one-half inches. The organ is attached by a strong fibrous cord which contains the sutures close to the abdominal wall. Pregnancy is not seriously interfered with. In only one case, and that after two years, did the uterus drop back.

The Hygiene of the Kidney.

Medical Record.

Dr. J. Henry C. Simes calles attention to the relation between the skin and the kidneys, and observes if the skin is not in healthy condition the kidneys have an extra volume of work to perform. The importance of a healthy action of the kidneys is manifested by the fact that serious trouble may arise in other organs, as heart, lungs, brain, and nervous system, when the excretory work of the kidneys is imperfectly done. In watching the actions of these organs many factors must be taken into consideration, such as the nature of the diet, the the amount of liquids consumed, the nature of the exercise and activity of perspiration. Then again, as the urine varies so much, a correct examination cannot be made unless the entire amount voided in twenty-four hours be collected, and a specimen taken from this. The quantity of urine varies greatly with the amount of liquids holding the soiled constituents of the food in solution. When it is remembered that nine hundred and fifty parts of every thousand of the urine are water, the importance of the element in the dietary becomes evident. On this point, the auther is strongly of the opinion that the majority of men eat too well and do not drink enough water. As a result of this, there is deposited in the tissues many effete products that should be carried off by the kidneys. The work done by those organs is in this way interfered with; and in time organic disease often comes on. It is owing to the large amount of water that much of the benefit from a milk diet arises. In advocating the use of abundance of water with the solids, the author again calls attention to the danger of washing down the food with it, and taking time to masticate properly. While water is of prime importance, it cannot take the place of the saliva. The benefit derived from a sojourn at a mineral spring is almost entirely due to the flushing out the system gets. Waste products are dissolved and washed away by the kidneys. The opinion is expressed that pure water drank for a lengthy period would have as good an effect. This of course applies to cases where there is no organic lesion, and efforts are directed against the ill effects of a sedentary life and over-eating. In advocating the use of water, its excessive use must be guarded against. The habit of taking too much water may be indulged in. This is the other extreme, and may result in harm. The effect of water is to make the kidneys act, and by over-drinking, these organs may be overworked. The abuse, therefore, of water may prove the reverse of "in aqua sanitas." In the cold season, warm clothing is of much value, as tending to prevent congestion of the kidneys. Should such happen, it must be relieved by acting upon the skin and bowels. Judicious bathing is useful, as tending to mainiain the healthy action of the skin, and thereby avoid congestion of the kidneys. If many people drank more water, and used less solid food, kidney diseases would not be so comon as they are at present.

What Shall We Do with the Old Well?

Maryland Medical Journal.

Dr. Harvey B. Bashore of West Fairview, Pennsylvania, (says *Medical News*, September 7): What, then, shall be done

with the old wells? We all know that in the absence of a public supply deep tube-wells would be the best remedy. Many, very many, people cannot avail themeselves of this source of supply; and the next best thing is to treat these wells after a method devised by Dr. Koch, which is effective, cheap, and greatly lessens the dangers arising from the use of well water. An iron tube, two or three inches in diameter—with its lower end perforated—is placed in the center of the well, and the surrounding space filled with fine gravel up to the highest point of water level. This is then covered with sand to the top of the well; and a pump attached to the end of the tube makes a very effective tube-well. All water, in passing through the layers of sand and gravel, is effectually filtered, and the nitrifying organisms change the filth into harmless nitrates. A filth bed like this removes, too, from 80 to 90 per cent. of the bacteria, and greatly, very greatly, lessens the danger to which all are subjected who drink shallow well-water.

New Theory of Seasickness.

New York Medical Abstract.

The most generally accepted theory of the causation of seasickness is that which attributes it to an influence on the circulation of the cerebal cortex produced by the oscillation of the ship, thus accounting for the gastric symptoms. This will not, however, explain all cases of naupathia. Rubenstein (*Rev. Int. Med. et Chir.*) has often observed that symptoms of *mal-de mer*—for instance, paleness of the face, and especially of the lips—develop in some persons when the sea is calm and the vessel moves without oscillation. In these cases, he concludes that the cause of the malady is the irritation of the retina, caused by the solar rays reflected frem the water. This irritation, transmitted to the brain, provokes the well-known symptoms. It is, therefore, well not to look at the water. *Mal-de-mer* is observed also in snow fields, on the sands of the desert and of the sea shore. Under these conditions, gray or blue spectacles afford relief. The author observed a hysterical female who had retinal hyperesthesia, and on sunny days experinced scintillations, nausea and vomiting. These symptoms were not produced if the back was turned to the sun. This hypothesis explains why the most nervous and hysterical women are most subject to naupathia. Rubenstein calls the attention of ship's surgeons to this observation.

Some Therapeutic Traditions

Medical Record.

Dr. Walter G. Smith, President of the Royal College of Physicians of Dublin, gave an address recently upon the subject of therapeutical traditions. It is always instructive to hear the judgments of practitioners of long experienced upon therapeutics, and Dr. Smith's contribution on this subject contains much that is suggestive and useful. The learned orator, in giving his address, did not attempt to cover the ground of therapeutics in any systematic way. He begins by talking upon the subject of diet in its relation to diseases of the skin. He avers that many years ago he reached the conclusion that the effect of diet in the treatment of this class of cases was veryslight. Some text-books upon diseases of the skin give minute dietetic details, details which he believes to be of really little value, and which would not be followed by the authors of the book if they had such diseases themselves. With the exception of such diseases as urticari, certain of the erythemata, and some classes of eczema, there is little reason to particularize in the matter of diet. The patient should be told to follow the simple rule of moderation in eating as well as drinking; total abstinence from alcohol is often a thing very much needed. One of the most generally believed traditions in dietetics of skin diseases, according to Dr. Smith, is the prohibition of salt food, most patients, he says, being assured they cannot be allowed to touch a morsel of ham or bacon. Dr. Smith does not believe in this special tradition,

and thinks salt food has no special disadvantage, except that salt meats are not, as a rule, as digestable as those which are fresh.

Dr. Smith next alludes to the common belief regarding the efficacy of lithia and other alkaline water in the treatment of gout and allied affections. This is a subject to which we have ourselves referred, and it is not necessary to go over Dr. Smith's line of argument now. He shows that the few grains of lithia or other alkaline salts present in the mineral waters cannot have any particular effect in modifying the conditions which underlie gout or lithæmia He says that he never prescribes lithia water to such patients, but there is no objection to their taking it if they choose. A pint of lithia water is, to all intents, equivalent to a pint of pure water. The elaborate analyses, he adds, of the various springs, all arising, perhaps, from the same geological stratum, only prove that many persons are unable to see a joke, and cannot preceive the difference between tweedledum and tweedledee.

Another therapeutic superstition which Dr. Smith attacks, with perhaps less force and justice, is the use of pills coated with keritan, or other substance which is insoluble in an alkaline medium. Dr. Smith would have us believe that the intestinal contents is not alkaline as a rule, but acid, and, that consequently, the theory on which these pills are given is false. We believe that keratin-coated pills have rather fallen out of use, while the general fact upon which they are based is true. The contents of the intestines is at times, and in certain parts, acid, to be sure, on account of fermentative changes, but the general reaction of alkaline and therapeutic measures that are based on this view may be assumed to be correct.

The Dean of Norwich on Doctors' Bills.

Medical Record.

The ancient city of Norwich, in England, is a pleasant place, in which many good people have lived—eminent divines, masterful surgeons, noted linguists, and handsome women—and though many have come from there to the gain of other places, there are still not a few remaining. Among the best of them is the present Dean of Norwich, who combines with other good qualities a just appreciation of the value of medical services. In his sermon at the Cathedral on Hospital Sunday, he delivered a eulogy upon the physician and his work of charity among his fellows. This is perhaps not particularly worthy of notice, for we are frequently told on public occasions how good we are, and usually must rest satisfied with this patronizing approval; but the Dean is a practical men and one who believes that the laborer is worthy of his hire, and he told his people in plain words that they must pay their doctors for work done. His remarks concerning doctors' bills, says the *British Medical Jonrual*, should be widely read, for they deserve the attention of many whose position in the world is undisputed, who stand well with their neighbors, and are looked at as honest men, but nevertheless relegate the payment of their doctors' bills to the dim and distant future. The Dean is reported as having said: "Nor shall I, be silent about the wrongs to which scores of medical men are subject. I refer to the startling contrast there is between the inexorable demands which society makes on medical men and the elasticity of the social consciense with respect to their remuneration. I have known cases where men are summoned, at all hours, and all seasons of the year. Their bills are presented with timidity, if not anxiety, and they are received sometimes with amazement, sometimes with indignation, and sometimes relegated to oblivion. Nor are cases unknown where the righteous demand for work done is met by calling in another practitioner, he in turn to suffer as his brother did before him. I cannot permit myself to imagine that I address any such wrongdoer here today. But if I do, then, in my Master's name, I entreat you to remember that the medical men of this nation are the highest type of their class in the world; they are entrusted with the secrets of domestic life; they have all our liabilities,

with the special liabilities of their order; they frequently die as martyrs to science, to suffering, to sympathy, destitution. . . . Believing this, my plea is that every unpaid medical bill be discharged generously, gratefully, cheerfully, and that whatever account must be deferred in payment, the last to be deferred is the account of him who is the human agent who has brought us into the world, enables us to continue our work in life and many a time lays down his own in endeavoring to baffle death."

Burn the Garbage.

Maryland Medical Journal.

The Newport, R. I., Herald says: The city's garbage should not be taken out to sea and dumped. It should be burned. The communications recently received by the Board of Alderman, from the Board of Health and Professor Agassiz, make plain the necessity that exists for relieving the inhabitants of Newport of the unmitigated nuisance that is apparent and the unquestionable danger of disease that lurks in our present method of disposing of the swill accumulations in this city.

However well the contractors may do their work, their way is not the right or the best way to dispose of the offensive stuff. It should be burned. Many people have protested in hopeless silence against the practice of dumping the refuse of the city in the sea. Heavy tides and south winds cannot but wash the unwholesome rubbish into the channel and back upon the shores. The practice is objectionable on more grounds than one. It pollutes the water used by bathers, it is an offense to the sight, it offends the nostrils. Other cities burn their garbage because they have no sea into which to dump it. They have been compelled to solve the garbage problem, and they have solved it. They burn their garbage; Newport should also. Some cities receive an income from the garbage furnaces instead of paying large sums to contractors to carry the stuff away. The garbage of the world's Fair was burned in a furnace that consumed 100 tons a day. Cincinnati, St. Louis and Detroit have garbage furnaces. Bridgeport, Conn., has just made a contract for ten years for the disposal of its refuse. It will, it is stated, deliver not only all the garbage, but also all the tainted fruit and meat seized by the health officers as well as all the dead animals found in the streets. The Board of Health is doing a disagreeable duty, but none the less a bounden duty, in urging a reform in the mode of disposing of the dregs of this city — the present method being a nuisance if only because our water front is made objectionable by reason of the foul air and vile smells that cartloads and scowloads of garbage exhale.

Great Relief.

J. Ringwood, L. R. C. P. I., and L. M. L. Z. C. S. I., Kells, County Meath, Ireland, writes:

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Case III.

Whitinsville, Mass.

The Mercer Chemical Co., Omaha, Neb.:

Please send me one dozen bottles Pill Vita (Blue). I am using these right along in old chronic cases of impotency and in cases of sexual neurasthenia with most gratifying success. Yours truly,

C. H. HARRIMAN, M.D.,
Whitinsville, Mass.

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